

Name
in
Full

Florissa Bishop

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town Soldiers	County Calvert	MARYLAND		
Date of death 190	Month 3 Dec	Day 11	Age 19	Years	Months
Sex Female	Color or Race Colored	Occupation Housewife	Birth- place Calvert Co Md	Days	
Married, Single or Widowed Married					
Name of White or Husband Albert Bishop					
Father's Name Henry Wahns				Father's Birthplace Calvert Co Md	
Mother's Maiden Name Rebecca Banister				Mother's Birthplace Calvert Co Md	
Name of person giving Information Rebecca Wahns				How related to deceased Mother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Bronchitis

How long

3 months

Immediate

Consumption

How long

Are the name, age, sex, color, date
and place correctly given above?

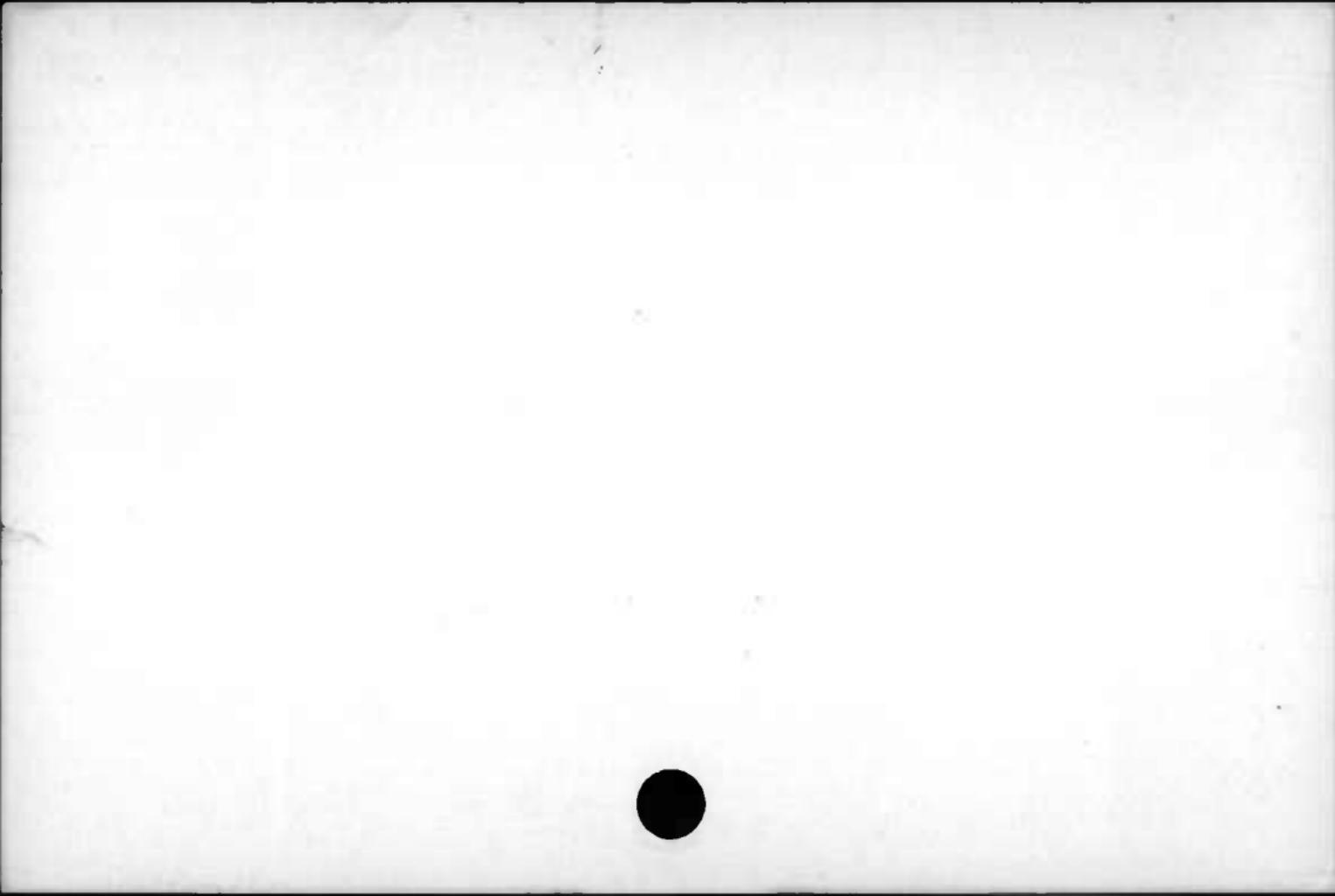
yes

Signature of
Physician

Address

Dr. Chambers MD
600 St Calvert Co Md

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Frannie B. Biegel

17 CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death 1903	Month 12	Day 27	Age 60	Years 18	Months 10	Days 23	
Sex Female	Color or Race	Birthplace Calvert Island					
Married, Single or Widowed	Occupation						
Name of Wife or Husband	Mother						
Father's Name	Father's Birthplace Calvert Island						
Mother's Maiden Name	Mother's Birthplace Calvert Island						
Name of person giving information	How related to deceased Father						

CAUSES OF DEATH

Primary How long

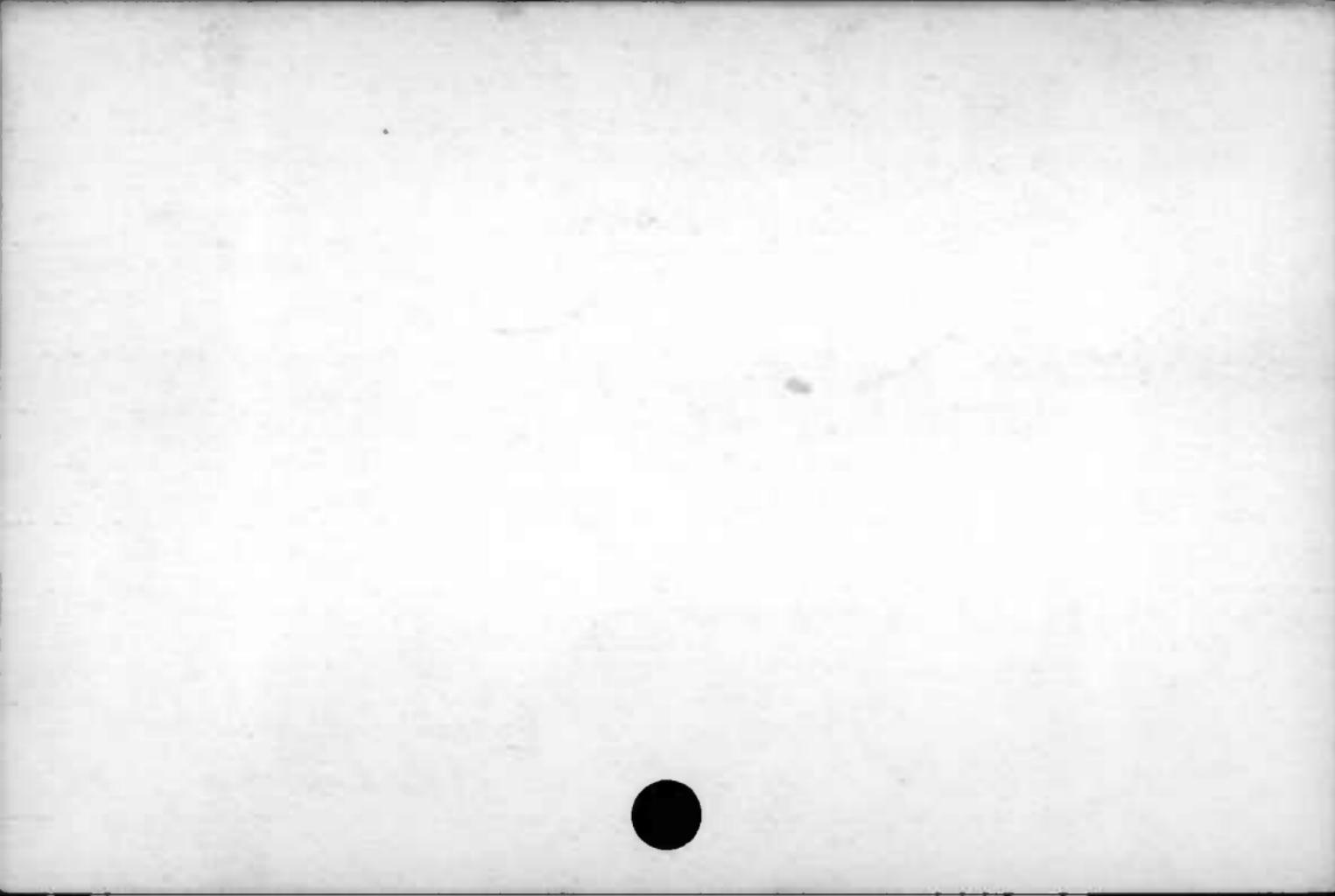
Immediate How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Still Born Child

32
CERTIFICATE OF DEATH

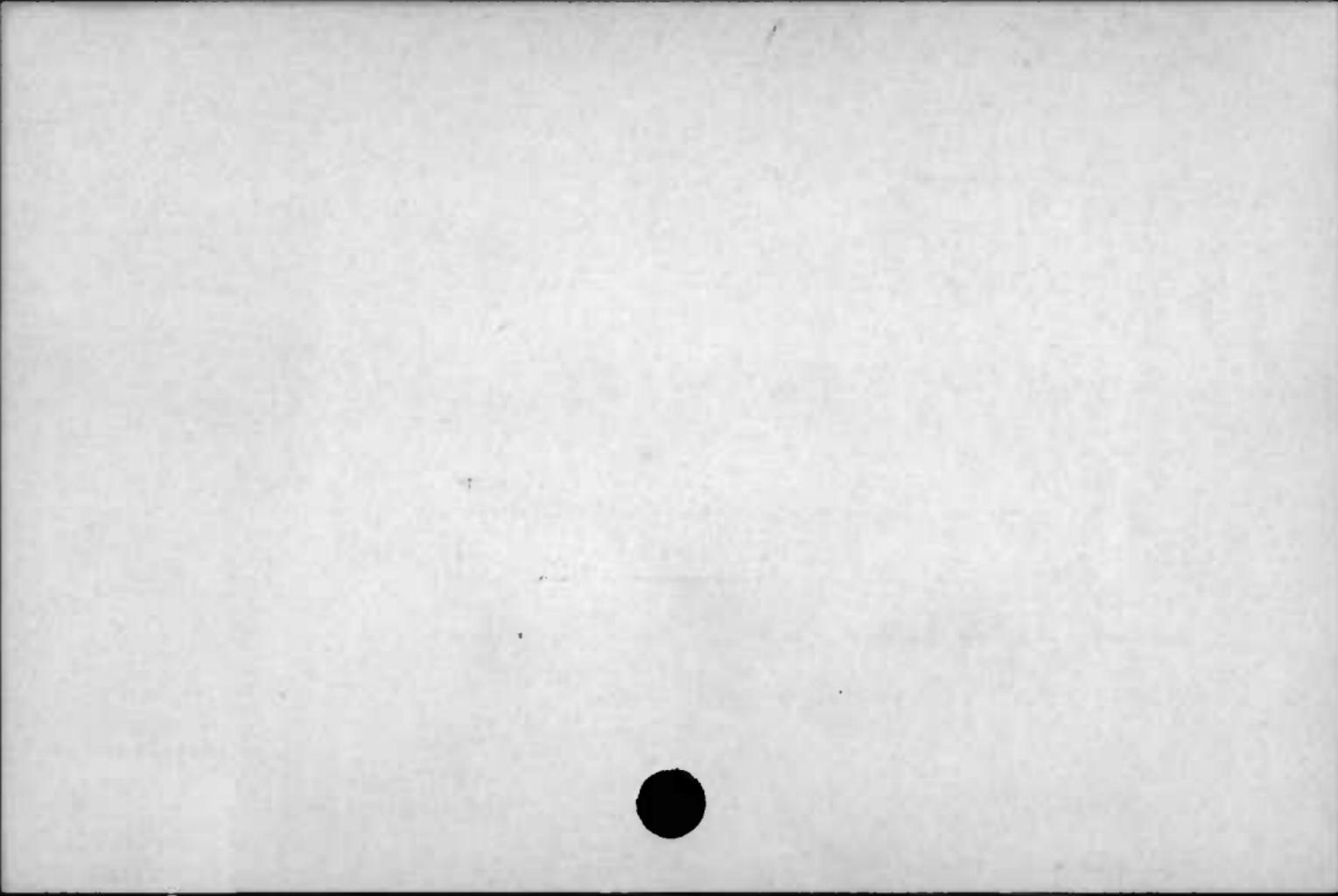
To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1903	Dec	23	Age	—	—	
Sex	Female	Color or Race	white	Birth-place	Bronx Island.	
Occupation		Where Residing if not at place of death				
Married, Single or Widowed		Name of Wife or Husband	Bronx Island.			
Father's Name	Coft S. Bryant. S.				Father's Birthplace	Va.
Mother's Maiden Name	Maggie Barnes				Mother's Birthplace	Va.
Name of person giving Information	Maggie Bryant.				How related to deceased	Mother.

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Still Born -	How long
Immediate	—	How long
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
		Address
Accident or Suicide?	Philip Brice Maline M.	



Name
in
Full

William H Buck

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death 1903	Month Dec	Day 7	Years 77	Age	Months	Days
Sex	Male	Color or Race	White	Occupation	Birth-place	New Jersey
Married, Single or Widowed	Single		Mariner			
Name of Wife or Husband	-					
Father's Name	—		20 Father's Birthplace			
Mother's Maiden Name	—		Mother's Birthplace			
Name of person giving information	Taken from hospital register		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Suppuration of Parrot's Hand		How long	10 days
Immediate	Septicæmia		How long	6 days.
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	W. H. Marsh,
			Address	Salomons.
Accident or Suicide?				2nd

Name
in
Full

Mary Horreslon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1908	Month Dec	Day	Years	Months	Days	
Age	75						
Sex	Female	Color or Race	African	Birth-place	Calvert Co		
Married, Single or Widowed	Widows	Occupation	Housekeeper				
Name of Wife or Husband							
Father's Name	HPV						
Mother's Maiden Name							
Name of person giving information	Benson Jacks						
How related to deceased No relation							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Therium	Carcinoma	How long	About 2 years
Immediate	Same		How long	

Are the name, age, sex, color, date and place correctly given above?

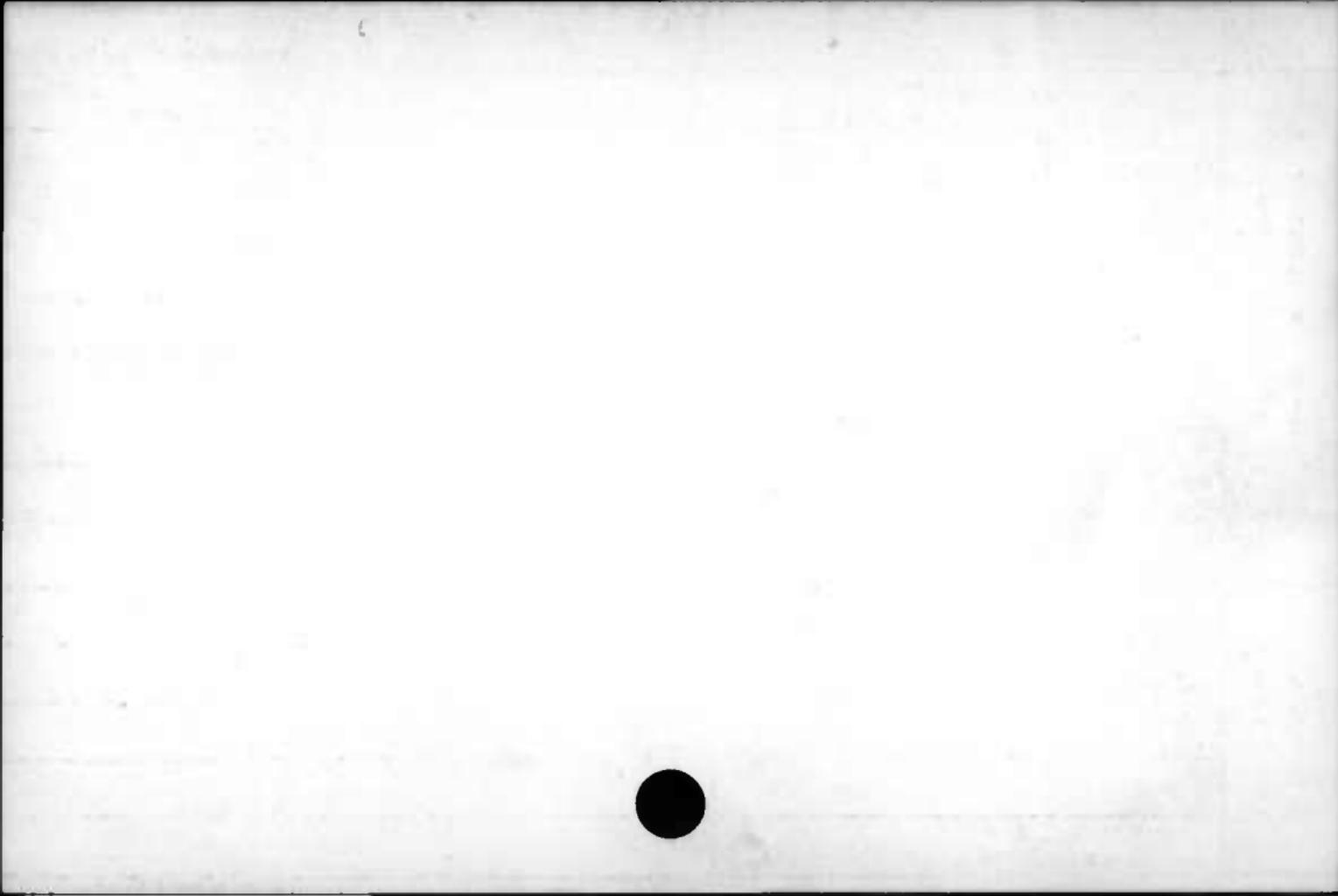
Yes

Signature of Physician

Address

E. H. Hennan
Co. Marlboro, Md.

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Gauth				CERTIFICATE OF DEATH			
Died at Sollets Town		County Calvert		MARYLAND			
Date of death 190	Month 3	Day 30	Age —	Years —	Months —	Days 1	
Sex Female	Color or Race White	Birth-place Calvert Co Md					
Married, Single or Widowed Single	Occupation —						
Name of Wife or Husband Charles F Gauth							
Father's Name Charles F Gauth	38						
Mother's Maiden Name Maggie Humphreys							
Name of person giving information Charles F Gauth							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Quinsy of Eclampsia 1 day

How long

Immediate

of mother

How long

Are the name, age, sex, color, date and place correctly given above?

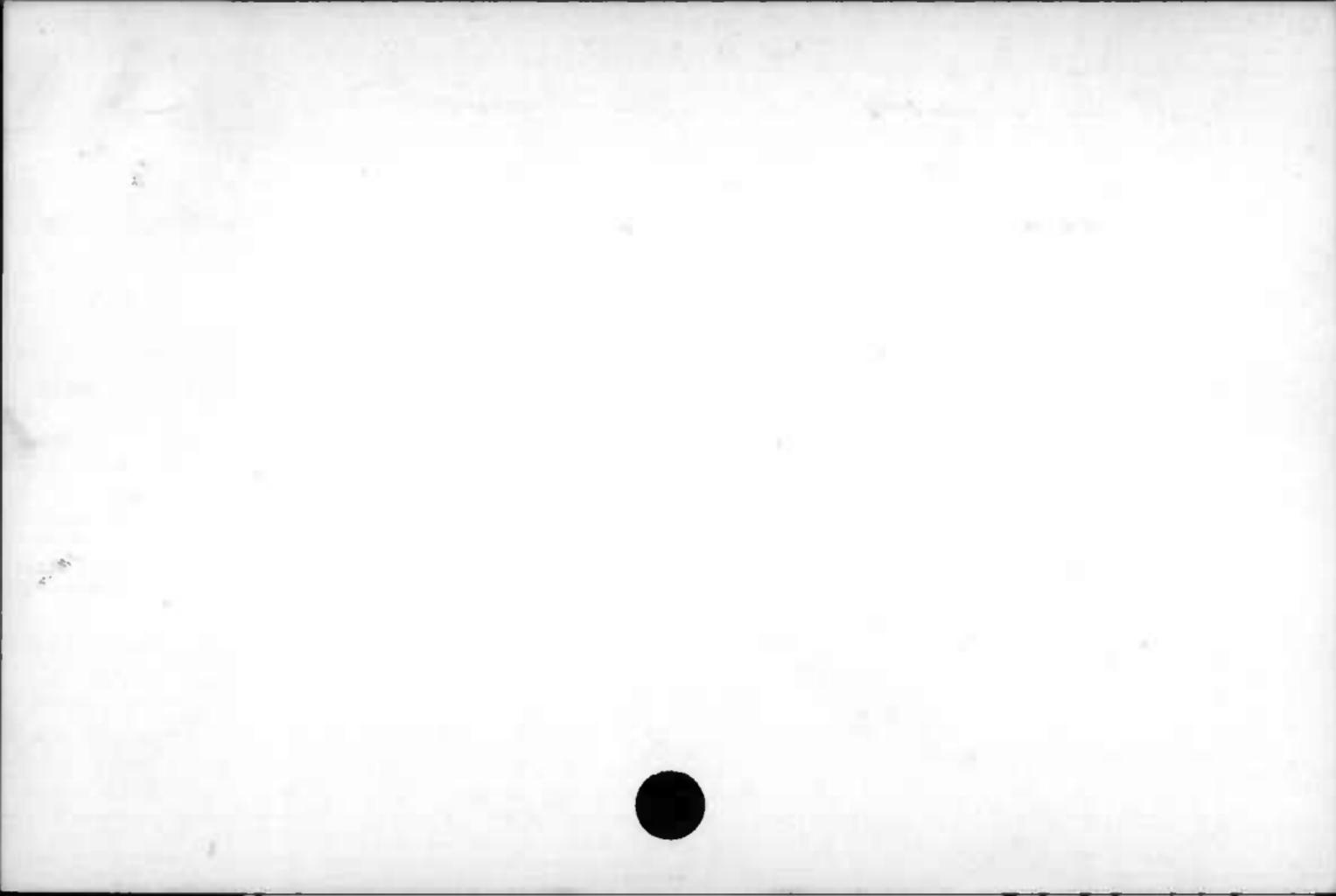
yes

Signature of Physician

Address

Geo. Chambers MD
Govt Calvert Co Md

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Gant

MARYLAND

Died at		Town	County				
Died at	Solomons	Calvert					
Date of death 190	3 Dec	29	Years	—	Months	—	Days
Sex	Female	Color or Race	White	Birth-place			Calvert Co Md
Married, Single or Widowed	Single	Occupation			—		
Name of Wife or Husband							
Father's Name	Charles F Gant						
Mother's Maiden Name	Maggie Humpfryes						
Name of person giving Information	Charles F Gant						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Involence in Labor and Pur.* How long —

Immediate *Per al clamatio of mother* How long —

Are the name, age, sex, color, date and place correctly given above?

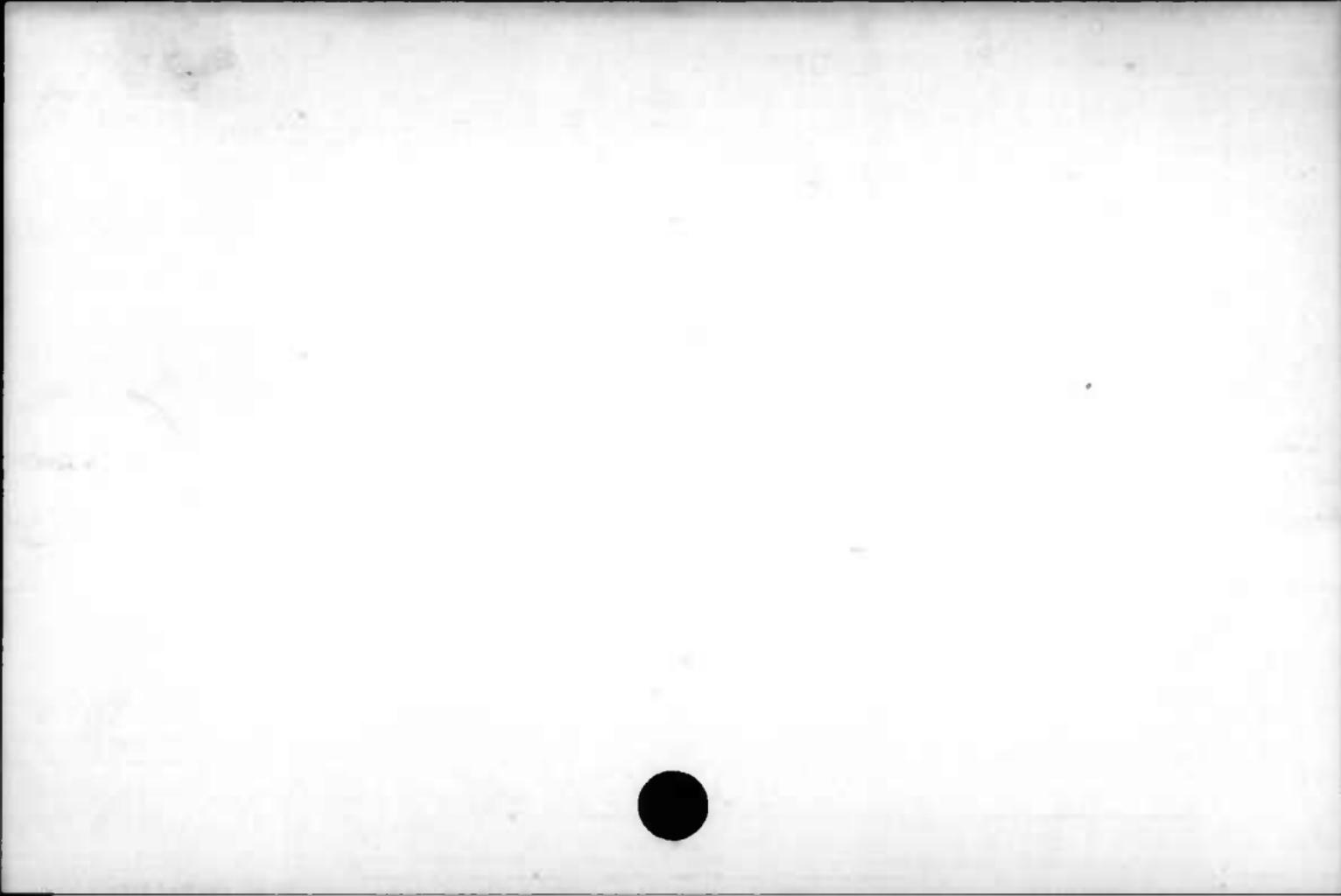
yes

Signature of Physician

Address

Dr T Chambers MD
Cove St Calvert Co Md

Accident or Suicide? —



Name
in
Full

Theodore Gault

CERTIFICATE OF DEATH

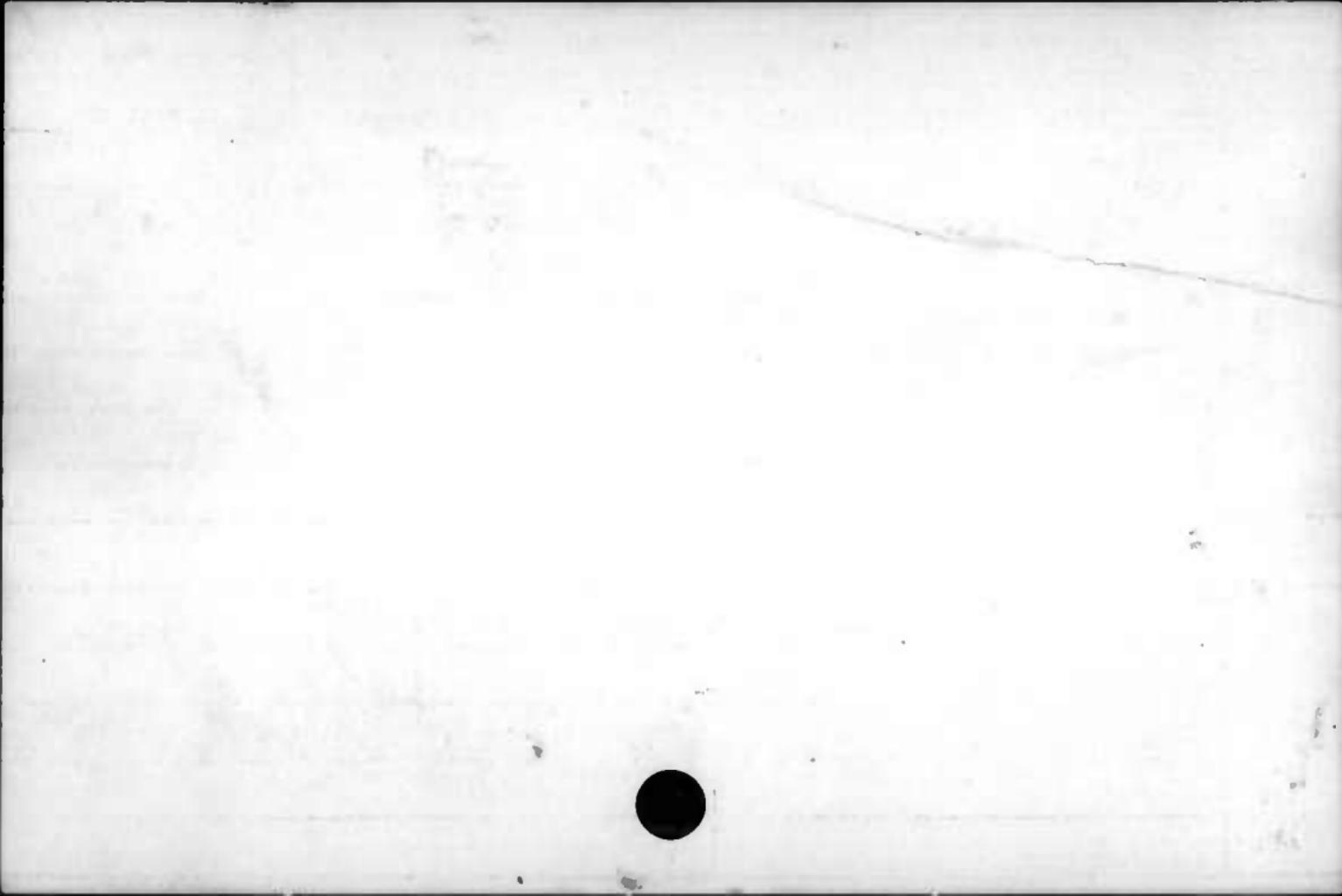
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County				
Mount Harmony		Calvert			MARYLAND		
Date of death 1903	Month Dec	Day 28	Age 60	Years	Months	Days	
Sex Male	Color or Race Colored	Occupation Farmer	Birth- place Calvert Co				
Married, Single or Widowed widower							
Name of Wife or Husband							
Father's Name John Gault	19	Father's Birthplace Calvert Co					
Mother's Maiden Name	69	Mother's Birthplace Calvert Co					
Name of person giving Information Joseph Coates			How related to deceased Grand Son				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Epilepsy	How long 20 years
Immediate Exhaustion and Heart Failure	How long Several hours
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician J L Brayshaw Address Friendship
Accident or Suicide?	



Name
in
Full

James William Gibson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Prince Frederickstown</u>		Town	<u>Calvert</u> County		MARYLAND	
Date of death <u>1903</u>	Month <u>December</u>	Day <u>29th</u>	Years <u>55</u>	Age <u>55</u>	Months <u>10</u>	Days
Sex <u>Male</u>	Color or Race <u>white</u>			Birth-place <u>Lower Marlboro, Md.</u>		
Occupation <u>Constable & Collector</u>		Where Residing if not at place of death		<u>Lower Marlboro, Md.</u>		
Married, Single or Widowed <u>Married</u>	Name or Wife or Husband <u>Annie A. Gibson</u>					
Father's Name <u>Wm. F. Gibson</u>			Father's Birthplace <u>Lower Marlboro,</u>			
Mother's Maiden Name <u>Mary G. Specknall</u>			Mother's Birthplace <u>Lower Marlboro,</u>			
Name of person giving information <u>Thomas J. Younger</u>			How related to deceased <u>Nephew</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cerebral Apoplxy

How long

4 hrs

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

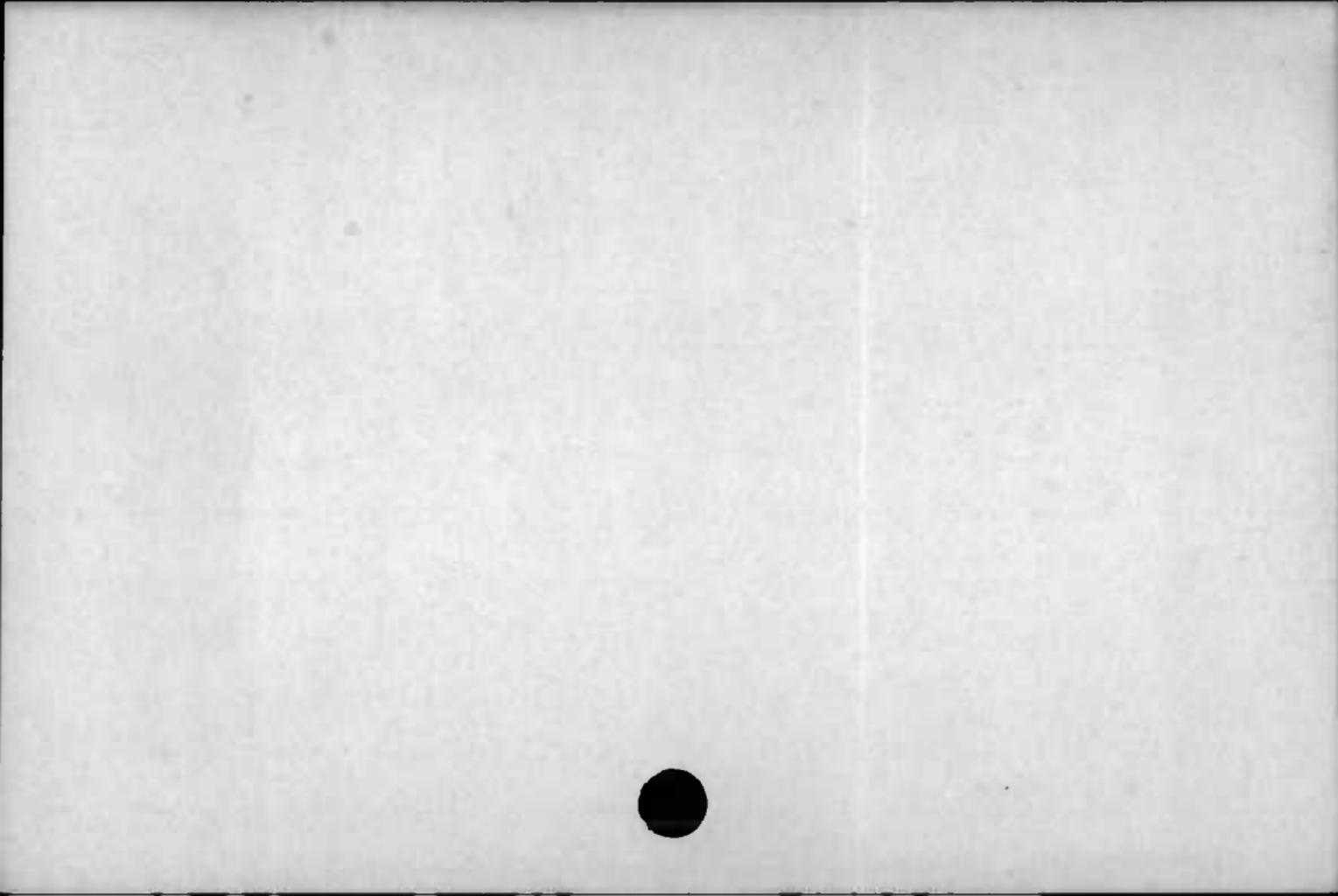
Signature of Physician

S. H. King MD

Address

Barstow Md

Accident or Suicide?



Name
in
Full

James John Hance.

25

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Plum Point		Town	County Calvert County	MARYLAND		
Date of death 1903.	Month Dec	Day 14	Age 73.	Years	Months	Days
Sex Male	Color or Race White	Birth-place Plum Point				
Married, Single or Widowed Widower	Occupation None					
Name of Wife or Husband Mary Jane Hance						
Father's Name Richard Hance	Father's Birthplace Calvert Co					
Mother's Maiden Name Miria Sedwick Hance	Mother's Birthplace Calvert Co					
Name of person giving Information Richard Hance	How related to deceased Son.					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

3 days

Immediate

How long

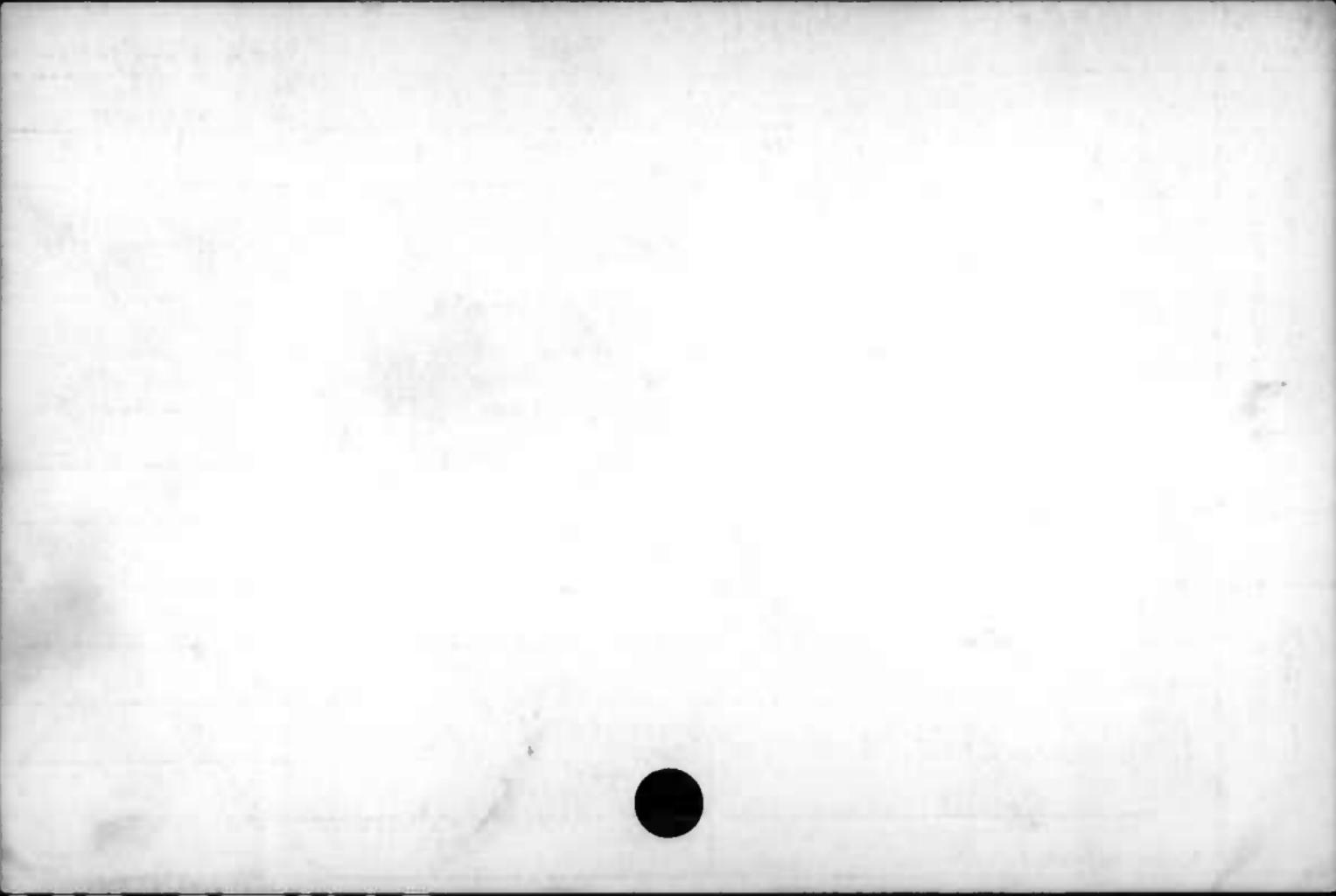
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. H. King M.D.
Boston Md.

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

31
CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age		Birth-place		
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name or Wife or Husband	Orville Brown				
Father's Name	Maggie Hardwood					Father's Birthplace
Mother's Maiden Name	Eliza					Mother's Birthplace
Name of person giving Information	Armstrong					How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

apoplexy fit

How long

2 yrs -

Immediate

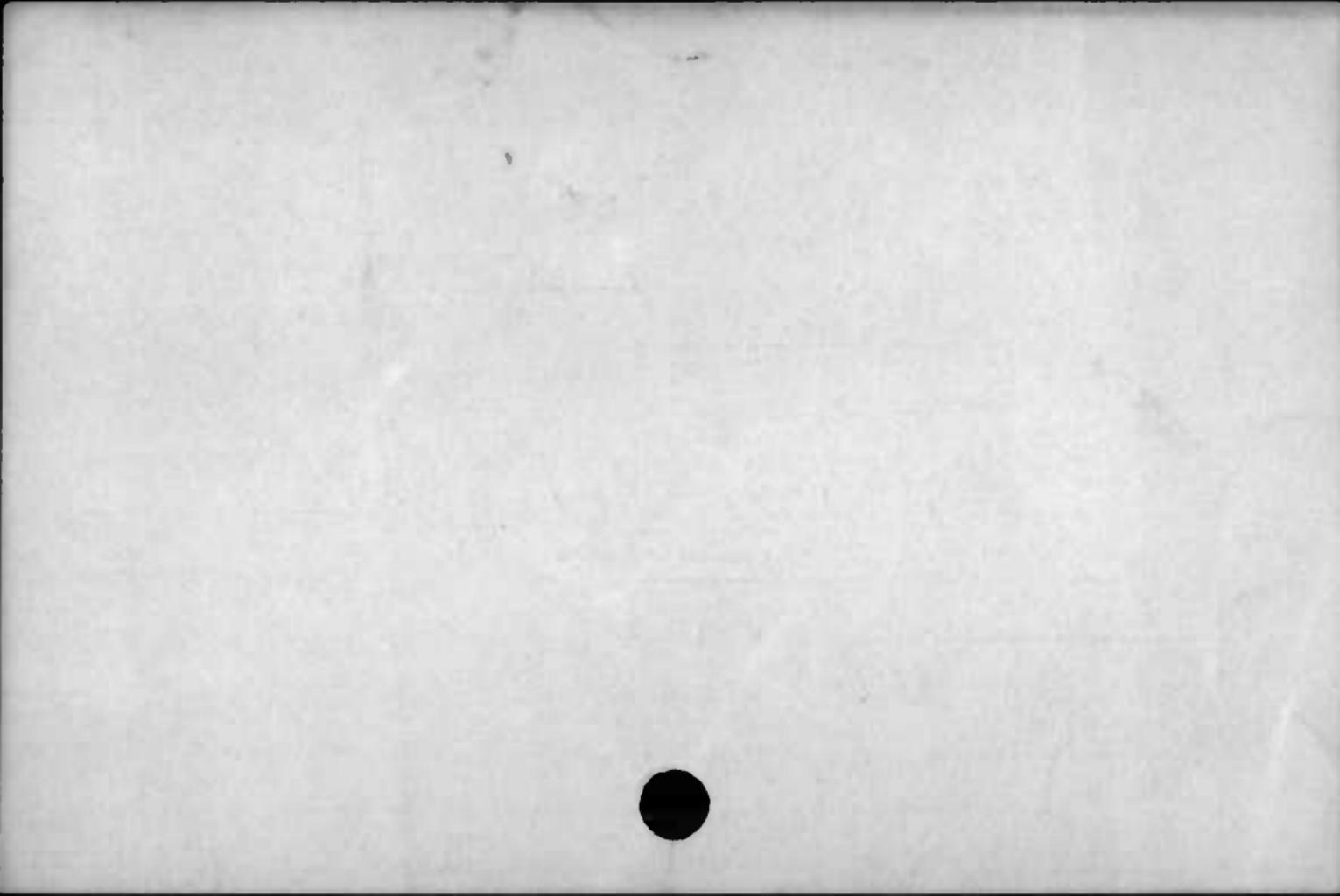
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

John I. Brooks
Montgomery

Accident or Suicide?



Name
in
Full

Mary E. Garrison

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Huntington		Town	County		MARYLAND	
Date of death 1903	Month Dec	Day 5	Years 75	Age	Months	Days
Sex Female	Color or Race White	Birth-place Calvert Co.				
Married, Single or Widowed Widowed	Occupation John A. Cap 43					
Name of Wife or Husband	Father's Name		Father's Birthplace			
Mother's Maiden Name	Pat Galloway		Mother's Birthplace			
Name of person giving information	H. D. Garrison		How related to deceased		Depusin	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Cancer of Breast How long 4 yrs.

Immediate Exhaustion How long

Are the name, age, sex, color, date and place correctly given above?

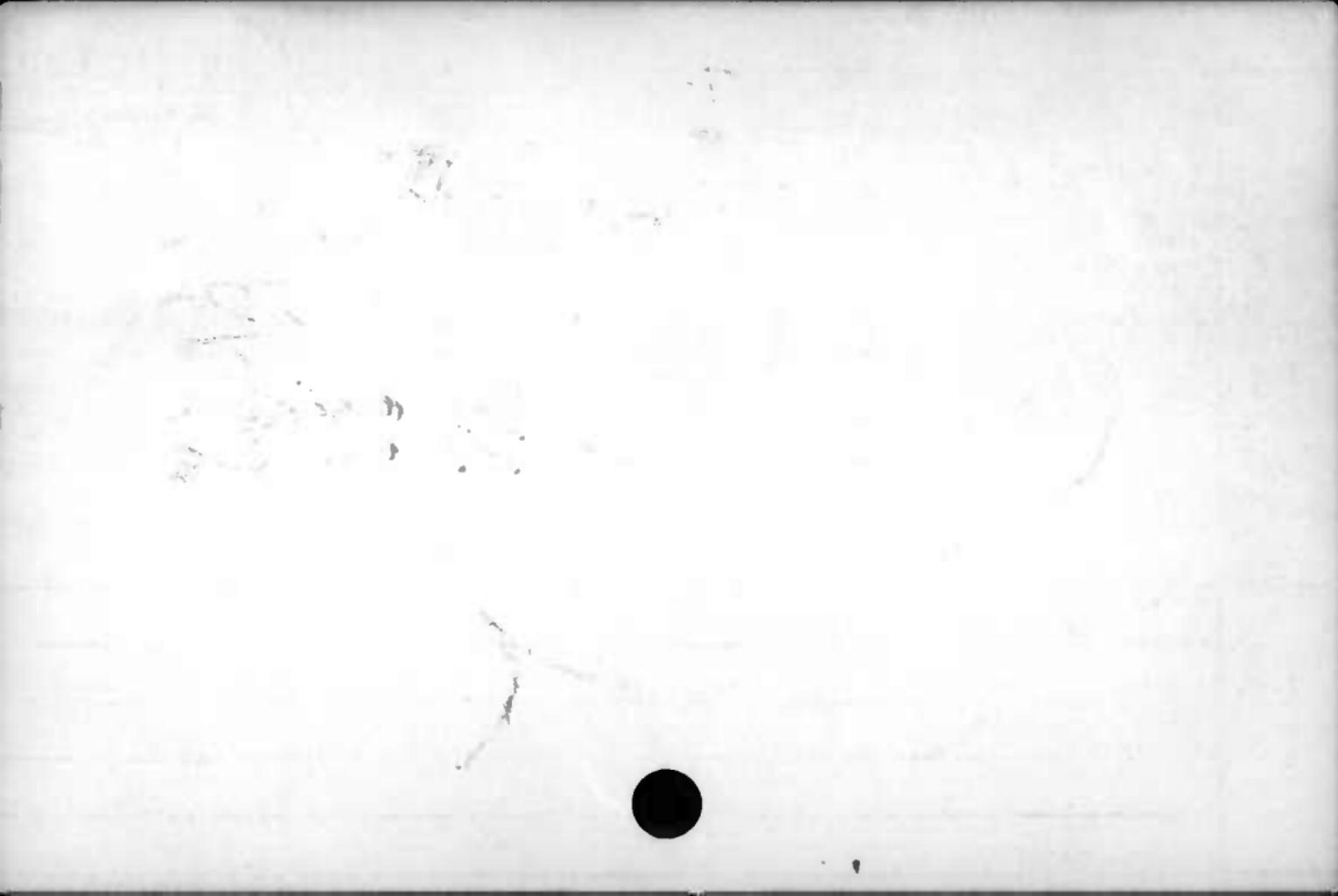
yes

Signature of Physician

Address

J. W. Litch
Huntingtown
Md.

Accident or Suicide?



Name
in
Full

30

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Benjamin Johnson

County

Calvert

MARYLAND

Died at Mount : Town

Date of death 1903 Month

Day

Years

Age 86

Months

Days

Sex

name

Color or Race

nd M.R.)

Birth-place

Calvert Co

Married, Single
or Widowed

Occupation

Lawyer

Name of Wife or
Husband

Father's
Name

Father's
Birthplace

Mother's
Maiden Name

Mother's
Birthplace

Name of person giving
Information

Thomas Lewis

How related
to deceased

CAUSES OF DEATH

Primary

Smile Detox

How long

2 yrs.

Immediate

Congestion of lung.

How long

1 day.

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

J. J. Brooks

Address

Accident or Suicide?

Name
in
Full

Lebbie Mackall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Trinity Methodist Church</u> <u>Culver</u>					County <u>Calvert Co</u>	
Date of death <u>1903</u>	Month <u>Dec</u>	Day <u>26</u>	Years <u>21</u>	Age <u>21</u>	Months	Days
Sex <u>Female</u>	Color or Race <u>colored</u>	Birth-place <u>Calvert Co</u>				
Married, Single or Widowed <u>Single</u>	Occupation <u>Spinster</u>					
Name of Wife or Husband						
Father's Name <u>Albert Mackall</u>	<u>104</u>			Father's Birthplace <u>Calvert Co</u>		
Mother's Maiden Name <u>Mary Mackall</u>				Mother's Birthplace		
Name of person giving information <u>Esther Russell</u>				How related to deceased <u>Wife</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Chronic Gastritis

How long

2 yrs

Immediate

Are the name, age, sex, color, date and place correctly given above?

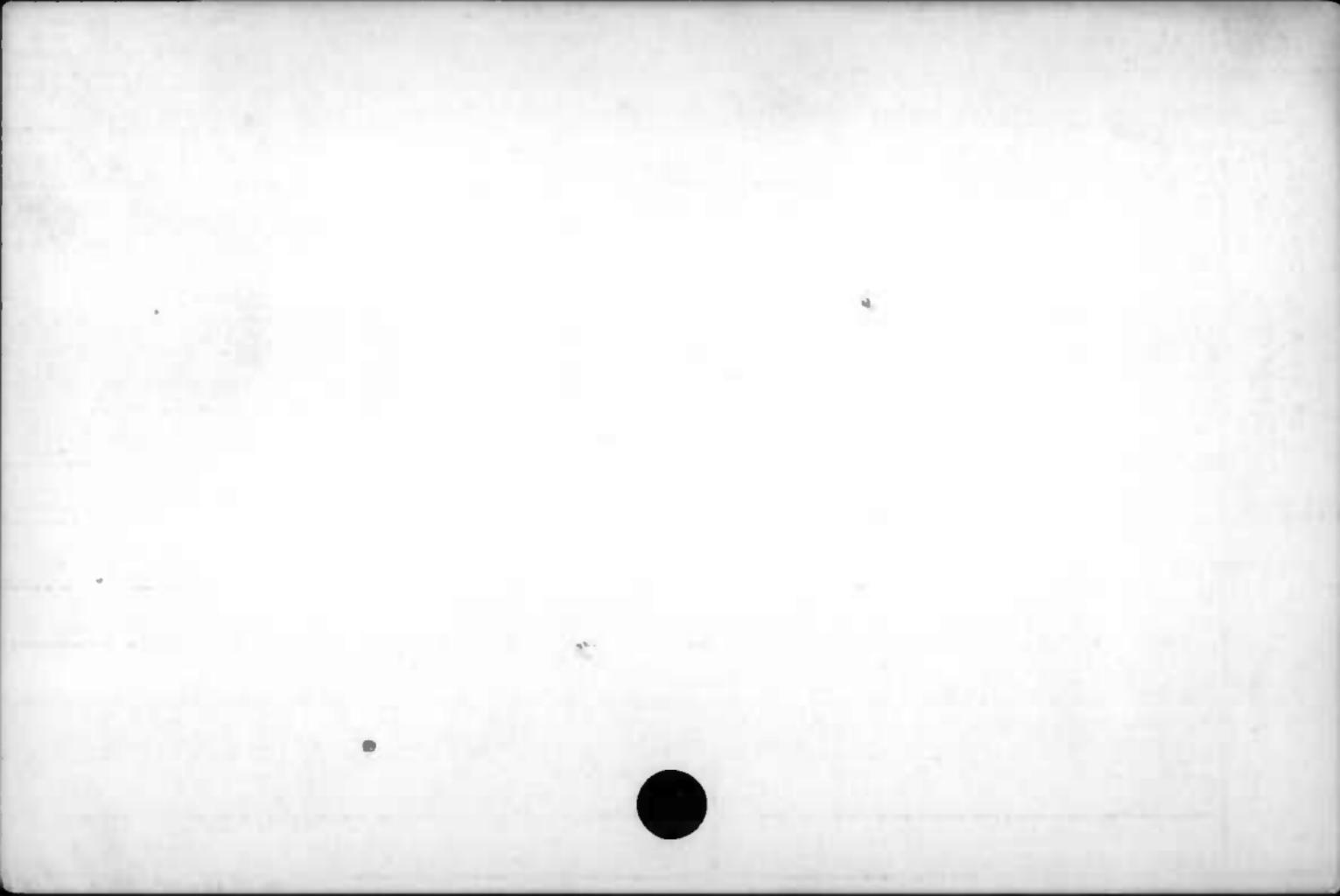
yes

Signature of Physician

Address

J. M. King M.D.
Baltimore Md

Accident or Suicide?



Name
in
Full

John Mackall

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
1903	Dec	15	—	11	—	
Sex	Male	Color or Race	Colored	Birth-place	Calvert Co	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	William Mackall 05					
Mother's Maiden Name	Emma Mackall					
Name of person giving information	Joseph Borsig					

CAUSES OF DEATH

Primary	Inflammation of Bowels	How long
Immediate		5 days

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

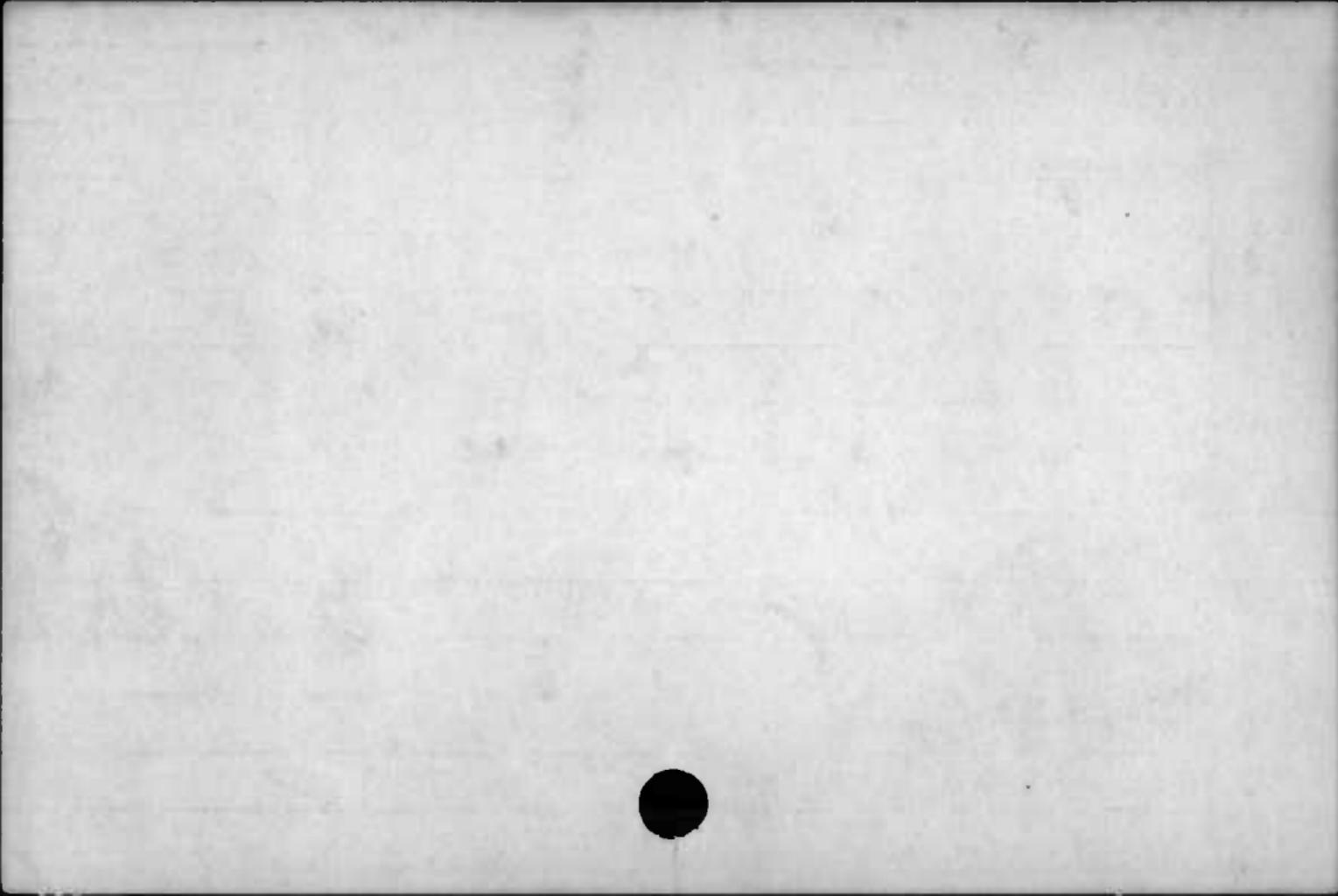
Yes

Signature of Physician

Address

Thomas W. Channing
Channing
Md

Accident or Suicide?



Name
in
Full

Alexia Parker

38
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
1903	July	28	60			
Sex	Female	Color or Race	Complexion	Birth-place	Paterson, N.J.	
Occupation	House wife		Where Residing if not at place of death	May Merchant		
Married, Single or Widowed	Wid.	Name or Wife or Husband	Alice, Parker			
Father's Name	John Adams		Father's Birthplace	Paterson, N.J.		
Mother's Maiden Name	Malvina Trower		Mother's Birthplace	"		
Name of person giving Information	J. Louis		How related to deceased	Niece		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Decay of brain & heart

How long

'Trouble
6 years

Immediate

Are the name, age, sex, color, date and place correctly given above?

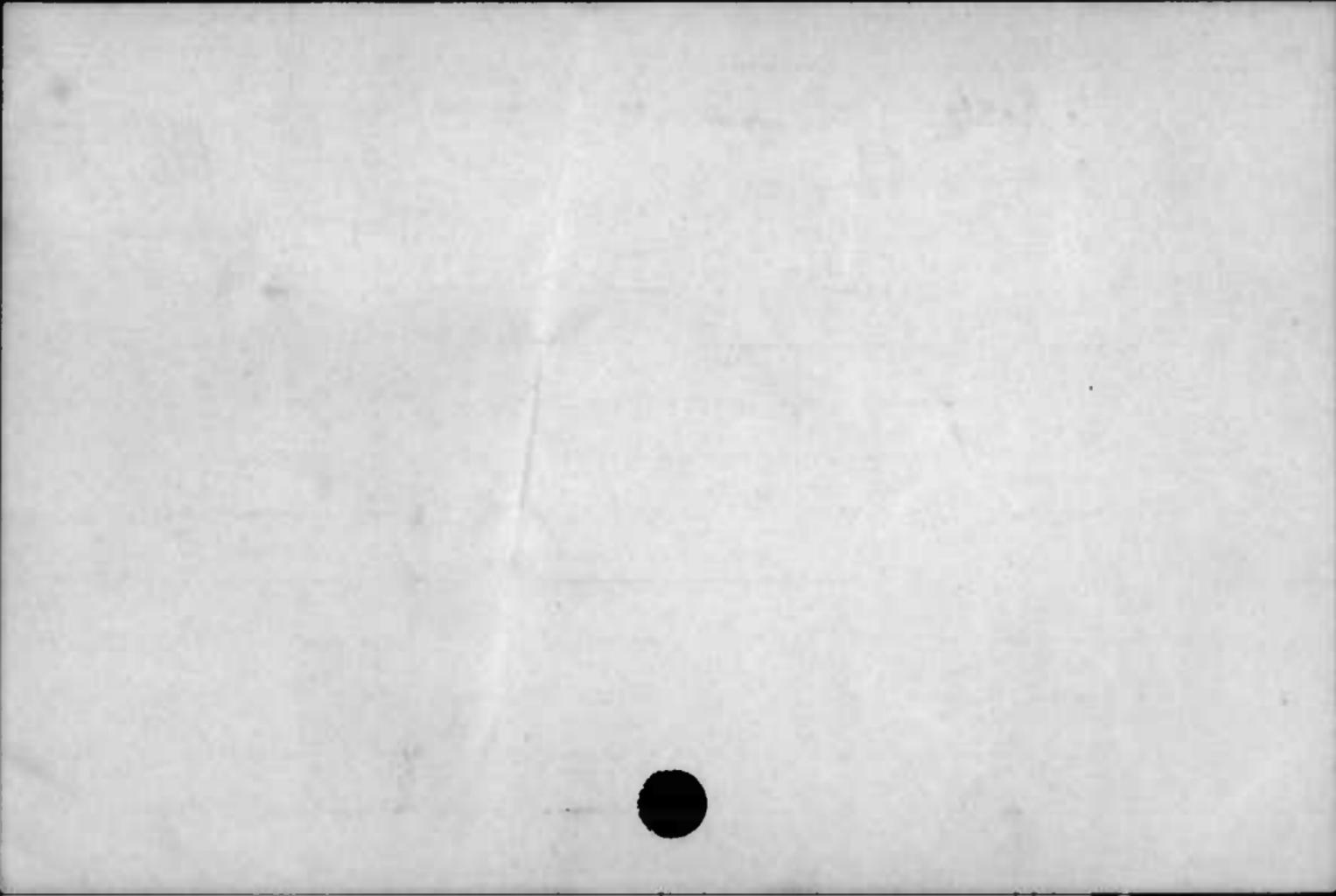
I. D. Parker

Signature of Physician

Address

Marked M

Accident or Suicide?



William Franklin Parren

29

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Waltzell</u> <small>Town</small>		<u>Calvert</u> <small>County</small>			
Date of death 1903	Month 12	Day 11	Years 2	Months 5	Days 1
Sex	Color or Race <u>caloric</u>	Birthplace <u>Waltzell</u>			
Married, Single or Widowed <u>single</u>	Occupation <u>-</u>				
Name of Wife or Husband <u>-</u>					
Father's Name <u>Joseph Parren</u>	Father's Birthplace <u>Waltzell</u>				
Mother's Maiden Name <u>Wella Farney</u>	Mother's Birthplace <u>Waltzell</u>				
Name of person giving information <u>Jaith Parren</u>	How related to deceased <u>90</u>				
CAUSES OF DEATH					
Primary			How long		
Immediate <u>Bornn Ahi</u>			How long <u>6 days</u>		

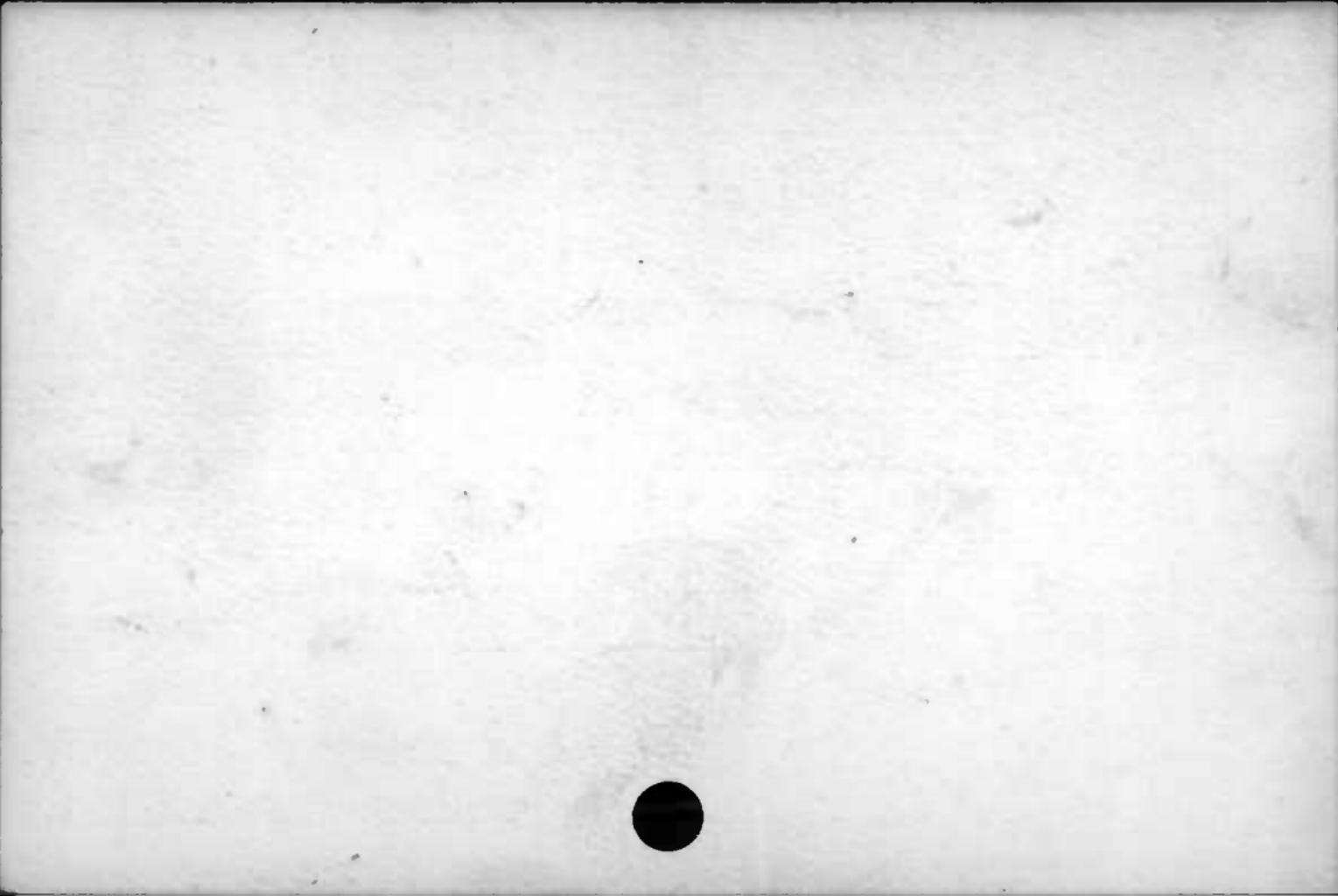
PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Ellen Ray

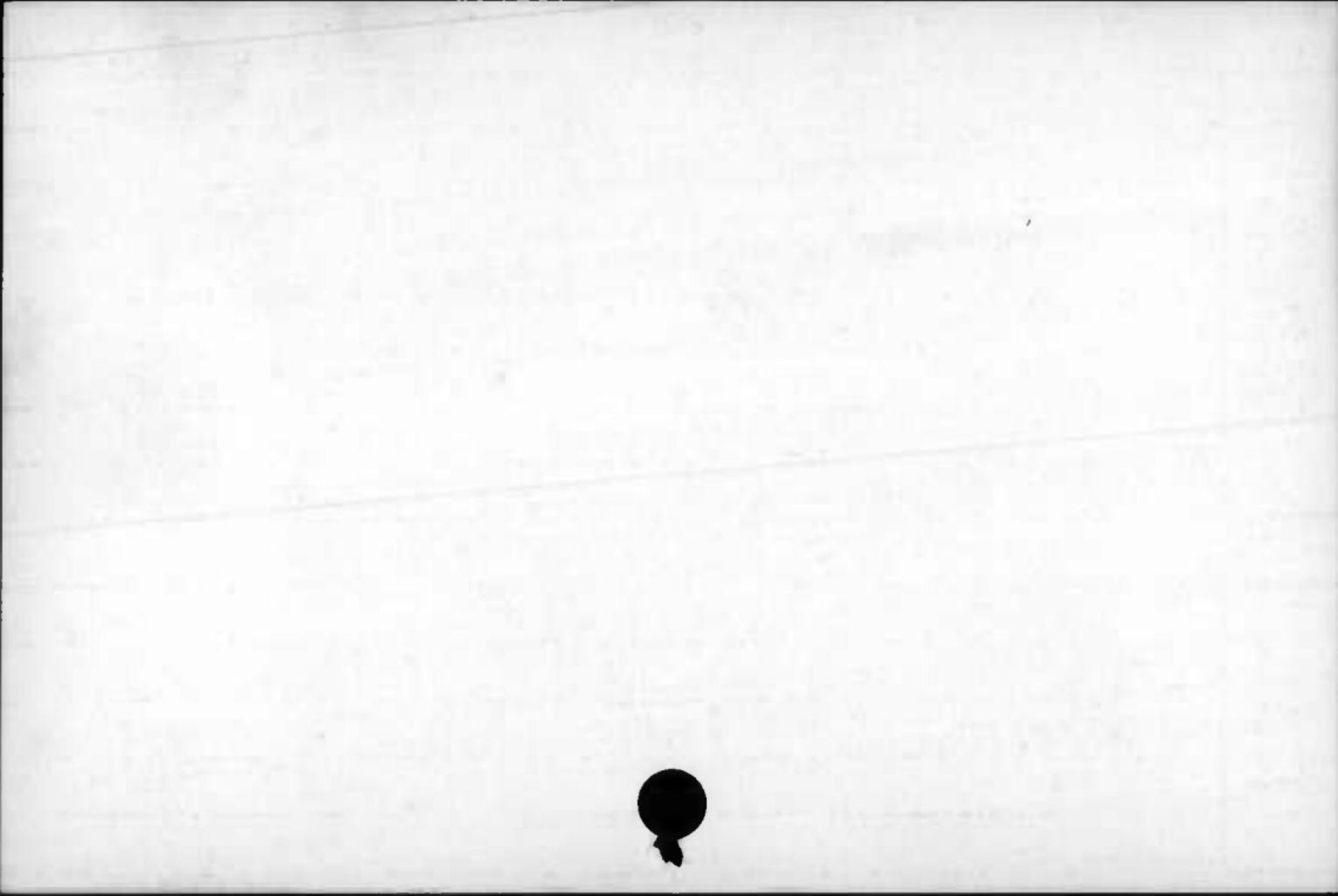
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Sunderland	Calvert			
Date of death	Month	Day	Years	Months	Days
1903	Dec	23	40		
Sex	Color or Race	Birth-place			
Female	Black	Cal. Co.			
Married, Single or Widowed	Occupation				
Married	Housewife				
Name of Wife or Husband					
John H Jones					
Father's Name					
John Ray	50	Father's Birthplace	Cal. Co.		
Mother's Maiden Name					
Dinah Monroe	50	Mother's Birthplace	Cal. Co.		
Name of person giving information					
Jacob Ray					
CAUSES OF DEATH					

PHYSICIAN
OR CORONER

Primary	Diabetes		How long	3 yrs -
Immediate	Acute Tuberculosis		How long	2 months
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician	J.W. Leitch	
		Address	Huntingtown, Md.	
Accident or Suicide?				



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Mary Simmons

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1903	Dec	20	Age 44	1		
Sex	female	Color or Race	white	Birth-place	Calvert Co	
Occupation	Haus Kepfer	Where Residing if not at place of death			Calvert Co Md	
Married, Single or Widowed		Name or Wife or Husband	Elt Simmons			
Father's Name	Thomas Fugay	Father's Birthplace	Calvert Co			
Mother's Maiden Name	Mary Simmons	Mother's Birthplace	Calvert Co			
Name of person giving Information	maggie young	How related to deceased	Daughter			

CAUSES OF DEATH

Primary	Influenza	How long	2 weeks
Immediate	Bronchitis	How long	1 week
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	I. N. King MD
		Address	Barstow Md.
Accident or Suicide?			



Name
in
Full

Bennie Williams

CERTIFICATE OF DEATH

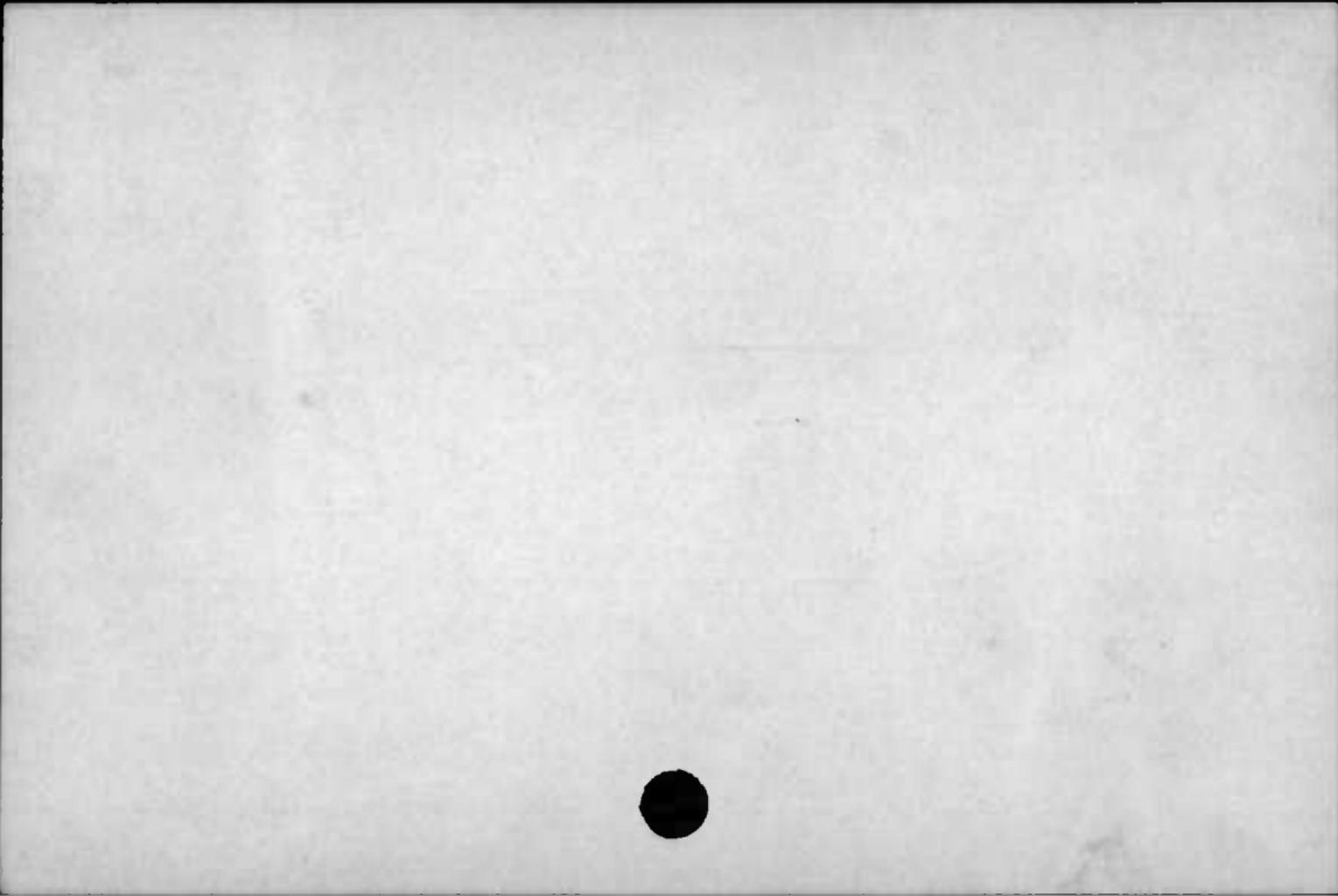
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name or Wife or Husband				
Father's Name	Bessy Williams			Father's Birthplace	Patuxent
Mother's Maiden Name	Miss Spencer			Mother's Birthplace	
Name of person giving information	Jas E O'Connor			How related to deceased	wife

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Carcinoma of Liver		How long
Immediate			How long
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. M. King M.D.
		Address	Burton Labor & Co. M.
Accident or Suicide?			



Louisa M. Williams

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Died at	Barstow	Calvert				
Date of death	1903	Month December	Day 31	Years 77	Months 6	Days
Sex	Female	Color or Race	White	Age	77	
Occupation	Housekeeper		Where Residing if not at place of death	Calvert Co Md		
Married, Single or Widowed	Widow	Name of Husband	Collin M Williams	at place of death		
Father's Name	John H Simmons		Father's Birthplace	Calvert Co		
Mother's Maiden Name	Sam Robinson		Mother's Birthplace	Calvert Co		
Name of person giving Information	B. H. Williams		How related to deceased	Son		

CAUSES OF DEATH

Primary

General debility

How long

2 months

Immediate

Exhaustion

How long

2 days

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

A. H. Williams M.D.
Barstow Md



Name
in
Full

mary Nelson

28

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	County				
Died at	Calvert				
Date of death 190	Month	Day	Years	Months	Days
3	Dec	10	80		
Sex	Color or Race	Color.			
Married, Single or Widowed	Occupation				
Name of Wife or Husband	House Keeping				
Father's Name	John Smith 70				
Mother's Maiden Name	John Smith 70				
Name of person giving information	pneumonia				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary How long

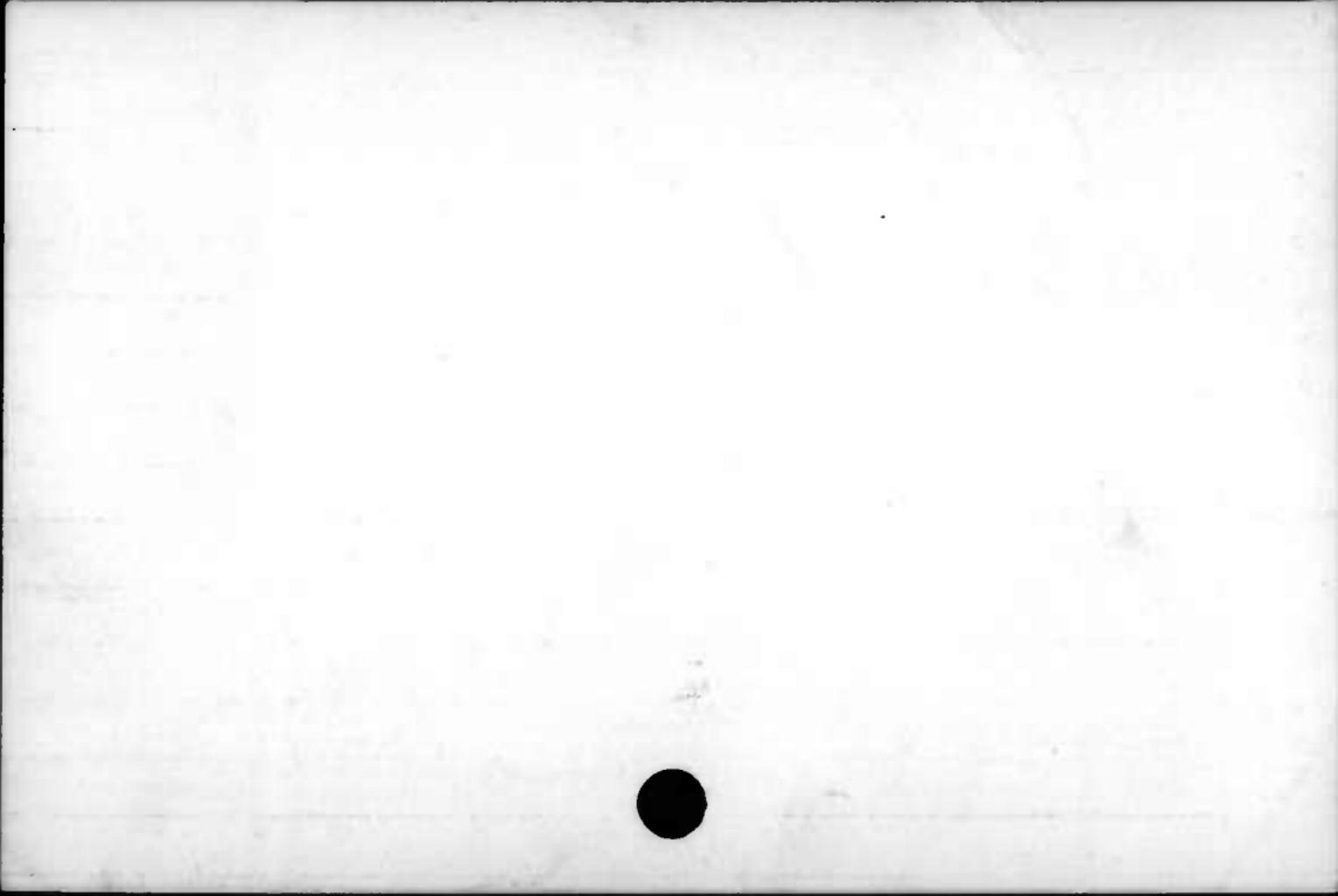
Immediate How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Thomas Wilson

26

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death 190	3	Month Dec	Day 6	Years 91	Months	Days
Sex	male	Color or Race	nigro.	Birth-place	Carroll Co	
Married, single or Widowed	Married		Occupation	Farmer		
Name of Wife or Husband	Mary Wilson					
Father's Name	Nat Wilson					
Mother's Maiden Name	Betsey Conn Q5					
Name of person giving information	Mary Wilson					

CAUSES OF DEATH

Primary	Convulsion of lungs	How long	one day
Immediate	Reported by police & Drs.	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Underwriter
		Address	MMT
Accident or Suicide?			

PHYSICIAN
OR CORONER

